Effective comber 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE\
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	81
TC	TAL CHARGE	ABLE CLAIMS	47 minus 20=		•			XS 9=		OR	'X\$18=	40%
INE	EPENDENT C	LAIMS	4 minus 3 =		•			X40=				128
MULTIPLE DEPENDENT CLAIM PRESENT								A40=		OR	X80≈	10
								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	
_		(Column 1)	CC -6020 12	(Colu		(Column 3)	SMALL			OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 45.	Minus	4	1	= Ø		X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	4		Ø	Ī	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		ŀ	105			.070		
							L	+135=		OR	+270=	
							A	DDIT. FEE		OR ,	ADDIT. FEE	
AMENDMENT B	(Column 1) (Column 2) ়া CLAIMS ক্রিক্টের HIGHEST					(Column 3)	۳ ا					
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	••		=	0	X\$ 9=		OR	X\$18≃	
AME	Independent	•	Minus			=	lt	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞					
							L	+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	1 + 3230 23	(Colur		(Column 3)				_		
AMENDMENT C	Market State (State)	CLAIMS REMAINING		HIGH NUM	BER	PRESENT		DATE	ADDI-	0	CATE	ADDI-
	FEB.	AFTER AMENDMENT	表別的數	PREVIO PAID		EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	▎▐	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	(the esterie - f		+135=	es.	OR	+270≃						
"	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE											
		mber Previously Pa aber Previously Pai					r four	nd in the app	ropriate box	in col	umo 1.	

Discasion of Docket Number